

Public Trust Board 27 January 2026

Safe Staffing November 2025

Purpose of the Report

This report provides a full overview of nursing safe staffing during the month of November 2025, including a summary/update of Allied Health Professional (AHP) and medical vacancies, new staffing areas to note, potential risks, and actions to mitigate the risks to ensure that safety and care quality are maintained (table on page 4). This report triangulates in-patient nursing workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), Nurse Sensitive Indicators (NSI's) and patient experience feedback. (Scorecard, Appendix 1).

Background

The Trust is required to undertake bi-annual review of workforce safeguards in line with National Health Service England (NHSE) requirements. The workforce safeguards review considers the efficiencies of the workforce in terms of activity and acuity, thereby ensuring that appropriate workforce planning is in place that meets operational demand, whilst working within the appropriate financial control. The Trust assesses compliance using a triangulated approach to deciding staffing requirements described in National Quality Board's guidance. This includes the use of evidence-based tools, professional judgement, and outcomes to ensure the right staff with the right skills are in the right place at the right time.

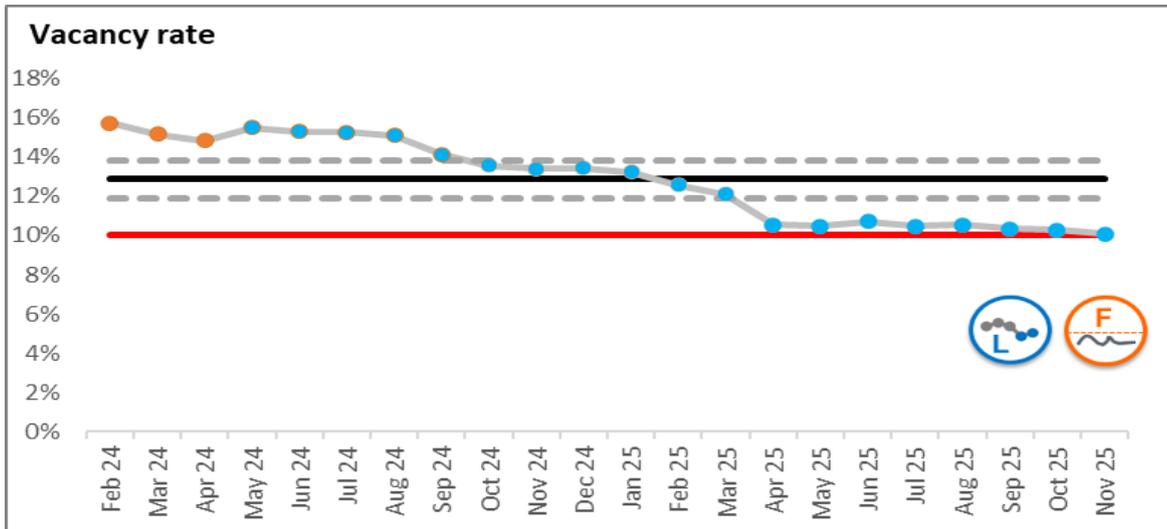
The Trust is required to demonstrate its position regarding mandatory submission of fill rates required by the Department of Health via UNIFY and paying attention to any variance below 80% and above 110%. The upload of these figures to UNIFY occurs on the 15th of each month following review and sign off by the Group Chief Nurse or designated deputy.

Analysis of the issue

Right Staff

Trust overall vacancy rate

In November 2025, the Trust vacancy rate was 10.1%. During 2025-26 our workforce plan shows a reduction/ special cause improvement in the vacancy rate from the 2024/25 outturn position of 12.1% down to 9.9% by year end. This work is overseen by the Agency Reduction Group and Workforce Development Group which report into People and Culture Committee.



• Registered Nurses

- Vacancy position is at 243.5 Whole Time Equivalent (WTE) with a 12.1% vacancy rate, a decrease of 0.9% since October 2025.
- Turnover for nurses is at 5.2% which is below the trusts target of 10%.
- Sickness reported at 6.2 % a decrease of 0.1% since October 2025.
- A total of 15.0 WTE nursing staff (bands 5 to 8a) were appointed in November 2025.

• HCSW

- Vacancy position is at 163.9 WTE with an 15.4% vacancy rate, an increase of 0.7% since October 2025.
- Turnover rate is at 7.6%. which is below our internal target of no more than 10% turnover.
- Sickness reported at 8.8% which is a decrease of 0.9% since October 2025.
- A total of 6.8 WTE HCSW were appointed in November 2025.

Allied Health Professionals (AHPs)

- Vacancy position is at 68.6 WTE with an 7.5% vacancy rate.
- Turnover rate is at 8.6%. Which is below our internal target of no more that 10 % turnover.
- Sickness reported at 8.8%
- A total of 5.5 WTE AHP were appointed in November 2025.

Medical

- Vacancy position is at 13.7 with an 8.6% vacancy rate.
- Turnover rate is at 10.0%
- Sickness reported at 2.7%
- No medical staff were appointed in November 2025.

Temporary workforce

- Temporary worker utilisation rate increased this month by 2.36% reported at 26.68% overall, of this Trust wide agency usage increased this month by 0.50% to 2.20% overall.

Right Skills

- Core and Clinical mandatory training compliance is currently compliant (green) on average across the Trust.
- Across the Trust, on average appraisal rates and clinical supervision remain consistent at green compliance.

Right Place

- The total Trust CHPPD average (including ward based AHPs) is calculated at 11.6 CHPPD (national average 10.8) for November 2025 consistent with October 2025.

November 2025 scorecard is presented in accessible format in **Appendix 1**. The following table below identifies key areas to note from a safe staffing, quality, patient safety and experience review, including high temporary workforce utilisation and fill rate with actions and mitigation.

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
CHS In-patients	<p>Staffing Key areas to note - Rutland at 24.0% and Ward 1 St Lukes at 23.5% temporary workforce.</p>	<p>Staffing Daily staffing reviews, staff movement to ensure substantive RN cover in each area, or regular bank and agency staff for continuity, e-rostering reviewed.</p> <p>Temporary workforce to meet planned staffing has reduced significantly across all wards due to continued recruitment drives. Utilisation of temporary workforce continues to meet planned safe staffing where there is sickness or vacancies.</p>	Amber
	<p>Fill rate:</p> <p>Fill rate below 80% of HCA day shifts and night shifts on Dalgleish.</p> <p>Fill rate above 110% of HCA day shifts on Clarendon, ward 3 St Lukes and East ward. HCA night shifts on Clarendon, Rutland, East and Snibston wards.</p>	<p>Fill rate</p> <p>Dalgleish ward re-opened mid-November and HCSW reduced fill rate due to reduced bed occupancy and staffing adjusted accordingly.</p> <p>For wards using over 110% fill rate of HCSW this was due to increased patient acuity and dependency, increased enhanced care, one to one supervision and additional beds that been opened due to LLR wide system request. This is an improved position, with a continued focus, the number of wards remains at four compared to previous months.</p> <p>A robust Dynamic Risk Assessment (DRA) process is followed for additional staffing requests (above planned staffing) causing an increase in the fill rate above 110%. The process is closely managed and monitored ensuring patient safety.</p>	
	<p>Nurse Sensitive Indicators</p> <p>A review of the NSIs has identified a decrease in the number of falls incidents from 37 in October to 36 in November 2025. Ward areas to note with the highest number of falls are Dalgleish and ward1 St Lukes.</p> <p>The number of medication incidents has decreased from 23 in October to 14 in November 2025. Ward areas to</p>	<p>Nurse Sensitive Indicators</p> <p>It is noted that staffing levels were not a contributing factor when reviewing the nurse sensitive indicators.</p> <p>Falls</p> <p>Of the 36 falls reported, 22 falls resulted in no harm, 13 falls resulted in low harm. One patient fall resulted in moderate harm an ISMR was completed and reviewed. The weekly falls meeting continues across all areas discussing themes and improvements in care. All falls discussed at monthly Quality Leads meeting.</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>note with the highest number of medication incidents is Swithland and ward 4 Coalville.</p> <p>The number of category 2 pressure ulcers developed or deteriorated in our care has decreased from 5 in October to 2 in November 2025.</p> <p>No category 4 pressure ulcer developed or deteriorated in LPT inpatient care in November 2025.</p>	<p><u>Medication incidents.</u> 11 of the incidents reported as no harm and 3 incidents reported as low ham. The main theme was medication unavailable and is being discussed at the CHS Medication group. Wards continue to use safety crosses, whilst carrying out senior reviews and reflections. A daily report is shared with all leads reflecting omissions, which is showing improvement. CHS medication group continues to focus on controlled medication.</p> <p><u>Pressure Ulcers</u> Pressure Ulcers category 2 developed in our care across 2 wards. CHS Pressure ulcer improvement work continues, led by the Deputy Head of Nursing and pressure ulcer link Matron, supported by the Community Hospitals Tissue Viability Nurse. The new Quality Account project to reduce moisture damage in care to patients continues, working closely with continence specialist teams and an additional 3-month workstream commenced focused on unstageable pressure ulcers.</p> <p><u>Staffing Related Incidents</u> The number of safe staffing related incidents has remained the same at 6 in November 2025 across 3 wards relating to, a reduction in staffing due to last minute sickness and internal staff movement and shifts unfilled. One incident on ward 3 St Lukes resulted in 1 RN on the night shift. Support provided from ward 1 St Lukes with no harm reported. Overall, 5 incidents reported as no harm and one as low harm. Safe planned staffing levels were maintained.</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
DMH In-patients	<p>Staffing: High percentage of temporary workforce to meet planned staffing for Heather at 41.8%, Watermead at 37.1%. Ashby and Beaumont both at 35.0% temporary workforce.</p> <p>AHP Staffing: Limited Speech and Language Therapy (SALT) capacity in Rehabilitation and Huntingdon's Disease (HD) service, reduction in Technical Instructor (TI) posts in MHSOP due to sickness and vacancies. Long term sickness in Occupational Therapy (OT) in Acute, Forensic, PICU, rehabilitation and MHSOP physiotherapy.</p>	<p>Staffing: Staffing is risk assessed daily through a staffing huddle across all DMH wards and staff moved to support safe staffing levels and skill mix, patient needs, acuity and dependency and we use regular temporary staff who know the ward areas well and support continuity of patient care.</p> <p>High Utilisation of temporary workforce was due to a number of factors including increased acuity for patients with high-risk behaviours, increased therapeutic observations due to high rates of violence and aggression, hospital escorts and staff sickness.</p> <p>AHP SALT referrals reduced into Rehabilitation and HD service. Sickness being proactively managed. TI recruited into MHSOP with temporary workforce in place for physiotherapy. Currently sourcing temporary workforce for OT in Rehabilitation.</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>Fill rate: Fill rate RN on day shifts below 80% on Gwendolen.</p> <p>Fill rate HCA day shifts and night shifts above 110% on Ashby, Aston, Belvoir, Coleman, Kirby and Langley.</p> <p>Fill rate HCA night shifts only above 110% Griffin and Mill Lodge.</p>	<p>Fill rate: On Gwendolen Ward there was a lower-than-normal bed occupancy (8 empty beds) during November 2025. There were 23-day shifts that had 2 RNs on duty, the planned staffing is 3 RNs, on those days the reduced number of RNs was as a result of the reduced number of patients (occupancy) and further mitigated by adjusting the skill mix to include a Medicines Administration Technician's (MAT) or backfilling with an additional HCSW (also utilised when there are 2 RNs on shift) ensuring safe/planned staffing was maintained.</p> <p>HCA fill rate above 110% was due to increased patient acuity and dependency requiring increased therapeutic observations to manage violence and aggression, management of falls and deterioration in mental and physical health needs, patient escorts and transfers to acute hospital and backfilling.</p>	
	<p>Nurse Sensitive Indicators: A review of the NSI's has identified a decrease in the number of falls incidents from 105 in October to 101 in November 2025.</p>	<p>Nurse Sensitive Indicators: Falls AFPICU – 12 reported falls incidents occurred in Acute, Forensic and PICU services (AFPICU) in November 2025. 1 fall reported as moderate harm, patient fell in bedroom, fractured hip and transferred to acute services. ISMR requested. Rehabilitation – 5 falls incidents reported and none of moderate harm.</p> <p>MHSOP – 84 falls incidents were reported in November 2025. Highest falls on Kirby (40), Coleman (15) and Gwendolen (12). It is noted an increased number of unwitnessed falls, patients placing themselves on the floor (witnessed and unwitnessed) and patient falls whilst mobilising/standing. Staffing levels not identified as a contributing factor.</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>The number of medication incidents increased from 11 in October to 14 in November 2025.</p> <p>The number of category 2 pressure ulcers developed or deteriorated in our care was 4 in November 2025.</p>	<p>2 falls were reported as moderate harm, all other falls reported in this period as no or low harm.</p> <p>Falls huddles are in place and physiotherapy reviews for patients with sustained falls and increased risk of falling, where themes and trends in falls are being discussed to share, learn and support safe care.</p> <p><u>Medication errors</u> 13 no harm medication incidents and 1 reported as low harm for AFPICU, Rehab and MHSOP. Themes include staff not following medication procedure, omission, and wrong medication. Staffing levels not identified as a contributing factor.</p> <p><u>Pressure Ulcers</u> There were four category 2 pressure ulcers developed in our care across 2 wards, attributed to high-risk physical and mental health patient factors.</p>	
<p>FYPC.LD A in- patient</p>	<p>Staffing: High Percentage of temporary workforce, key areas to note – Agnes at 49.5%, Welford ED at 45.8 and Beacon at 45.1%.</p>	<p>Staffing: Beacon unit continue with reliance on high temporary workforce usage with an advance booking of staff to ensure continuity of care to meet safe planned staffing due to high levels of acuity, increased complexity of children and young people and vacancies.</p> <p>Mitigation remains in place; potential risks being closely monitored.</p> <p>High temporary workforce usage on the Agnes Unit and is currently within their equivalent commissioned beds, operating on 3 pods. Safe staffing is reviewed daily, due to increased patient acuity and complexity staffing levels reviewed and adjusted accordingly.</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>Fill Rate: Fill rate below 80% for RNs on day shifts – Beacon and the Grange and fill rate below 80% RN on night shifts at the Grange.</p> <p>Fill rate below 80% for HCA on day shifts and night shifts at the Grange and on day shifts only at the Gillivers.</p> <p>Fill rate above 110% for RN on days and nights on Agnes unit.</p> <p>Fill rate above 110% for HCA on days and nights on Welford ED and Agnes unit and on days only at the Beacon unit.</p>	<p>Welford ED high temporary workforce usage due to increase in patient acuity, increased patients requiring support with naso-gastric feeding, patient complexity requiring therapeutic observations and mealtime supervision. Staffing levels reviewed and adjusted accordingly.</p> <p>Fill rate: Beacon unit planned staffing is 3 RNs (as per budgeted establishment) for a day shift, staffing levels were reviewed and adjusted according to patient acuity and bed occupancy. 2 RNs worked consistently on day shifts in November 2025 reducing the overall average RN fill rate for the month and within a safe staffing model. No incidents reported relating to staffing levels.</p> <p>Agnes unit staffing levels were reviewed and adjusted according to patient acuity leading to an increased fill rate for both RN and HCSW across day and night shifts.</p> <p>Grange & Gillivers offer planned respite care and the staffing model is dependent on individual patient need, presentation, and associated risks. As a result, this fluctuates the fill rate for RNs and HCAs on days and nights for the month in both services, that also provide cross cover.</p> <p>Beacon unit staffing levels were reviewed and HCSW staffing adjusted according to patient acuity and bed occupancy.</p> <p>Welford ED has high patient acuity and a number of patients requiring additional staff to provide increased therapeutic observations, supervision at mealtimes and Naso-gastric feeding leading to increased HCSW fill rate on the day and night shifts.</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>Nurse Sensitive Indicators: The number of falls incidents increased from 4 in October to 6 in November 2025. The number of medication related incidents remained at 6 in October and November 2025.</p>	<p>Nurse Sensitive Indicators: <u>Falls</u> There were 6 falls incidents, 1 reported as no harm and 5 as low harm. <u>Medication errors</u> 6 medication incidents were reported, 4 as no harm and 2 as low harm.</p>	
CHS Community	<p>No change to Key areas to note - City West, City East, and East South, due to high patient acuity. All hubs continue welcoming new staff and have new starters in the pipeline, resulting in backfill whilst staff are inducted and supernumerary. Overall community nursing Service OPEL has been level 2, working to level 2/3 actions.</p>	<p>Daily review of caseloads and of all non-essential activities including review of auto planner and on-going reprioritisation of patient assessments. Induction of new staff continues across all hubs and on-going review of agency usage and reduction. Ongoing quality improvement work focusing on pressure ulcer and insulin continues and community nursing transformation programme underway linking with Community Nursing Safer Staffing Tool II (CNSST II) implementation across the service.</p>	
DMH Community	<p>The next phase of the CMHT transformation continues.</p> <p>Key area to note –City West has significant pressure due to high referral rates requiring longer management time in daily huddles and no change to MHSOP community teams. South Leicestershire and City East continue with significant waiting times for Community Psychiatric Nurse (CPN) input.</p> <p>No change to key areas to note - Recruitment challenges within Crisis Resolution Home Team (CRHT) for registered clinicians. Working to OPEL level 3 and older adults Mental Health Liaison Service (MHLS)</p>	<p>CMHT <u>Planned Care</u> The CMHT leadership team review staffing weekly and request additional staff via bank and agency, mitigation includes staff movement across the service, potential risks are closely monitored within the Directorate Quality and Safety meetings or escalated via the daily Community Assurance Huddle. Quality Improvement plan continues via the transformation programme. Targeted plan in place together with medical staff, to address high referral rates in City West. Mitigation includes daily huddles, staff working additional hours to progress backlog and medical job planning to prevent further build up. Teams actively monitoring waiting lists with large numbers of patients.</p> <p><u>Urgent Care</u> CRHT staffing model fluctuates in response to case load and clinical risk. OPEL level 3 enacted and team leads stepping into planned staffing to support safe staffing. Successful recruitment to 3 posts made in MHLS and recruitment continues for additional 3 MHPs.</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		<p>Older adults MHLS now supported by fellows and the Central Duty Rota doctor. Challenges in Mental Health Urgent Care Hub with MHP vacancies being backfilled with additional hours/temporary workforce.</p> <p><u>MHSOP Community</u> No change since the last reporting month, temporary workforce being utilised across City East, South Leicester, Melton, Rutland and Harborough to manage long term sickness, absence, maternity leave RN and AHP vacancies across MHSOP community teams. Vacancies being filled and recruitment checks progressing.</p>	
<p>FYPC.LD A Community</p>	<p>LDA Dynamic Support pathway and Discharge hub staffing reduced due to sickness and absence and no change to Mental Health School Team (MHST) a number of City and County Healthy Together and School Nursing teams and LD physiotherapy.</p> <p>In Mental Health school team (MHST) challenge continues due to recruitment to Children’s Wellbeing Practitioner roles (nationally driven), however the British Association for Behavioural and Cognitive Psychotherapies (BABCP) advised they cannot support with the Whole School and College Approach impacting on capacity of the wider team. Working with leads and system partners.</p>	<p>Mitigation continues in place with potential risks being closely monitored within Directorate. Safer staffing plan initiated including teams operating in a service prioritisation basis.</p> <p>Prioritisation model in place for dynamic pathway and discharge hub and support being provided from other LDA group to minimise the impact.</p> <p>MHST continue to cover across localities and review of referral and allocation processes to support capacity. The Triage and Navigation referral route continues.</p> <p>Healthy Together utilise a safe staffing model reviewed monthly by service leads and Clinical Team Leaders. The safe staffing model is based on percentages of staff in work. Actions are then taken to mitigate any clinical impact and temporary workforce being utilised.</p>	

Challenges/Risks

- Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback, and outcomes in November 2025, staffing challenges continue with key areas noted and clear actions in place to mitigate risks.
- CNSST II revised implementation commenced in 2 further Community Nursing Hubs in November 2025.
- Annual Establishment Inpatient Reviews to be reported to Executive Management Board February 2025.

Appendix 1- November 2025 Scorecard



Scorecard -
November 2025.xlsx

Proposal

This report is presented for discussion, the report provides assurance to the board that we are reporting in line with National Quality Board and Developing Workforce Safeguards guidance.

Decision required.

Briefing – no decision required	
Discussion – no decision required	X
Decision required – detail below	

Governance table

For Board and Board Committees:	Trust Board
Paper sponsored by:	Linda Chibuzor Group Chief Nurse/Executive Director of Nursing, AHPs and Quality
Paper authored by:	Elaine Curtin Workforce and Safe Staffing Matron, Jane Martin Assistant Director of Nursing and Quality, Emma Wallis Deputy Director of Nursing and Quality
Date submitted:	27 January 2026
Name and date of other committee / forum at which this report / issue was considered:	None
Level of assurance gained if considered elsewhere	<input type="checkbox"/> Assured <input type="checkbox"/> Partially assured <input type="checkbox"/> Not assured
Date of next report:	
THRIVE strategic alignment:	<input type="checkbox"/> Technology <input type="checkbox"/> Healthy communities <input type="checkbox"/> Responsive <input type="checkbox"/> Including everyone <input type="checkbox"/> Valuing our people <input checked="" type="checkbox"/> Efficient and effective
Board Assurance Framework considerations: (list risk number and title of risk)	<ol style="list-style-type: none"> 1. Deliver Harm Free care. 2. Services unable to meet Safe staffing requirements
Is the decision required consistent with LPT's risk appetite:	Yes
False or Misleading Information (FOMI) considerations:	None
Positive confirmation that the content does not risk the safety of patients or the public:	Yes
Equality considerations:	None